

IN THE UNITED STATES DISTRICT COURT FOR
THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

FILED

FEB 07 2008 *aw*

IN RE LOUIS C. SHEPHERD, JR.
Plaintiff

MICHAEL W. DODDINS
CLERK, U.S. DISTRICT COURT
CASE # 08 CV 0116

EMERGENCY
NOTICE OF FILING OF EVIDENCE

NOTICE IS HEREWITH GIVEN THAT IN
ADDITION TO SERVING DENTAL DEPARTMENT WITH
ATTACHED, YOUR PLAINTIFF SUPPLIES THE HONORABLE
COURT TWO COPIES OF "MCC CHICAGO INMATE
SICK CALL SIGN-UP FORM" AND PRAYS THE
COURT WILL SERVE ONE ON DEFENDANT'S WITH
AN ORDER FOR DENTAL TREATMENT."

PLAINTIFF WOULD ADVISE THE HONORABLE
COURT THAT DR. SHANK AT THE NORTHWESTERN
HOSPITAL DENTAL CLINIC WILL PERFORM

DENTAL CARE ON PLAINTIFF (A. MCC DENTISTS
 DECLINE TO DO SO. TO LEAVE THESE INFECTED
 TEETH IN PLAINTIFF'S MOUTH PLACES PLAINTIFF
 AT SERIOUS RISK FOR CARDIAC INFECTION
 AND PUTS PLAINTIFF IN IMMINENT DANGER
 A REAL AND PROXIMATE DANGER WHICH COULD
 CAUSE PLAINTIFF'S DEATH. SEE THE TONEY CASE!
 281 F3d 709 (2002) 28 USCA §1415(g)

PLAINTIFF'S MEDICAL CONDITION'S WARRANT
 SUB-SPONTE ACTION ON THIS COURT, ADDITIONALLY
 PLAINTIFF HAS FILED IN THIS COURT A SIGNED
 INSURE SICK CALL FORM DATED 12/21/07 GIVING
 AN APPOINTMENT DATE OF 1/28/08 SIGNED &
 RUBBER STAMPED BY THE DENTIST.

BECAUSE PLAINTIFF IS A "PRE-TRIAL
 DETAINEE" THE U.S. MARSHALS SERVICE ARE
 RESPONSIBLE FOR PLAINTIFF'S HEALTH CARE!

PLAINTIFF'S SUGGESTS THAT THE MARSHALS
 BE ORDERED TO TAKE PLAINTIFF TO
 NORTHWESTERN DENTAL CLINIC ON THE
 FIRST FLOOR THE FINEBERG BUILDING AND
 THAT DR. SHAWK REMOVE THE THREE ROOTS,
 SINCE BY SILENCE MCL DENTISTS DO NOT
 WISH TO TREAT PLAINTIFF (PREVIOUSLY FOR FEAR
 OF CARDIAC PROBLEMS) ¹¹. A TORT CLAIM IS IN
 THE COURT FILES IN THIS MATTER WHICH WAS
NEVER ANSWERED BY BOP, SENT IN MARCH, 2007.

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¹¹ IT IS PLAINTIFF'S GUESS THAT WILL BE THEIR EXCUSE -
 BUT A POOR EXCUSE; CAUSE SHAWK, DDS EXAMINED
 PLAINTIFF IN MARCH, 2007 (SEE HANDED CORRESPONDENCE FILED IN
 COURT VIA E-MAIL 1/26/08 WITH EXHIBITS).

WHEREFORE, PLAINTIFF RESPECTFULLY REQUESTS
THE HONORABLE COURT TO CONSIDER THIS
NOTICE OF FILING AS A MOTION TO TREAT.

RESPECTFULLY SUBMITTED,

2/5/08

ATTACHMENT-

LOUIS C. SHEPARD
71 W. VAN BUREN ST
CHICAGO, IL 60605

COPY OF TORT CLAIM WAS FAXED WHEN
PLAINTIFF E-MAILED HANSON CORPUS TO COURT
WHILE A NORTHWESTERN IN MARCH, 2007.
PLAINTIFF WITHIN CUSTODY OF BOP 4/06
THRU 2/07 NEVER RECEIVED DOWNTON CASE

" DOCTRINE OF CAPABLE OF REPUTATION
YES EVADING REVIEW? SUPREME COURT
CASE - CITATION UNKNOWN BUT DOCTRINE
DOES EXIST.

MCC CHICAGO

INMATE SICK CALL SIGN-UP FORM (Solicitud para dar o recibir Atención Dental)

INSTRUCTIONS (Check one) Instrucciones (Indique uno): MEDICAL _____ DENTAL X

1. Name (Nombre): LEONIS STEPHEN
2. Reg Number (Número de Registro): 40915-024
3. Housing Unit (Unidad de vivienda): 13 Work Place (Lugar de trabajo): _____
4. Complaint/Problem: Be very specific (Queja/Problema - Sea bien específico) TOOTH PAIN OUT
AS AND FOR 1/2 HOURS 2 TIMES A DAY AND 1/2 HOURS 1 TIME A DAY (DUE TO
TOOTH PAIN) (DUE TO TOOTH PAIN) (DUE TO TOOTH PAIN)

5. How long have you had this problem? (¿Cuánto tiempo ha tenido este problema?) 3 WEEKS
6. Are you taking any prescription or over the counter medications or supplements? (¿Está tomando algún medicamento o suplemento?) NO
7. Are you allergic to any medications? (¿Es alérgico a algún medicamento?) NO
8. Are you having any pain? (¿Está sintiendo dolor?) YES (If so, please describe the pain you are feeling) (Si es así, describa el dolor que está sintiendo)
9. Signature (Firma): [Signature]

BRING ALL YOUR PRESCRIBED & COMPLEMENTARY MEDICATIONS TO YOUR APPOINTMENT WITH YOUR PROVIDER

POR FAVOR TRAGA TODAS LAS MEDICINAS PRESCRITAS Y DE LA COMISARIA A SUS

1. Date triaged: _____
2. Subjective Information: _____
3. Objective Information: _____
5. Medical Staff Signature and Date: _____

MEDICAL RECORD

RADIOLOGIC CONSULTATION REQUESTS/REPORTS

ATTN: Sick Call/Triage

Monday thru Friday, (except Wednesdays, weekends & holidays)

1. Sick call will be conducted by medical staff, Monday thru Friday, (except Wednesdays, weekends & holidays) on your floor from 6:00 am and 7:30 am.

2. To expedite sick call, please have your sick call form completed and ready to turn in at sick call times. When sick call is announced, please turn in your completed sick call form to a medical staff member.

ATTACH 1ST REPORT AGAIN TO MEDICAL STAFF AT THIS LINE ON

3. **DO NOT** leave your sick call form on the correctional officer's desk. **YOU** must bring your filled out sick call form to the medical staff member when they announce that sick call/triage is being conducted on your floor.

4. **DO NOT** leave your medication refill request slip on the correctional officer's desk. **YOU** must give your medication refill request slip to the medical staff member at sick call/triage to ensure that your medication is refilled. Medication refills will be distributed back to you within three working days. A working day is Monday thru Friday, except holidays. If you run out of medication on Friday or the weekend, then be sure to turn in your request slip no later than Tuesday morning sick call/triage.

ATTACH FIRST REPORT WITHIN THE MARGIN

MECHICAGO

INMATE SICK CALL SIGN UP FOR SalisburyPrison.org/InmateSickCall

INSTRUCTIONS (Check one) / Instrucciones (Indique uno) MEDICAL DENTAL X

1. Name (Nombre): LEONARDO SANCHEZ 9/10/08
 2. Reg Number (Número del Registro): 98525-027 859
 3. Housing Unit (Unidad de vivienda): 13 Work Unit (Unidad de Trabajo): Unidad 13
 4. Complaint/Problem: Be very specific (Queja/Problema - Sea bien específico): My phone, which was cut
off in 1994, is not working. I have been waiting for a replacement for 32 eight days
now. I am very frustrated. 1994/1995

5. How long have you had this problem? (1) Since I came to the States 11/8/02
 6. Are you taking any prescription or over the counter medicine? Yes, I am taking
Prozac
 7. ¿Alguna vez, especialmente, con el alcohol? No

7. Are you allergic to any medicine? ☐ No ☐ Yes ☐ Don't know

8. Are you having any pain? (Point to each side of the chest.)

THE UNIVERSITY OF CHICAGO PRESS

BRING ALL YOUR PRESCRIBED & OVER-THE-COUNTER MEDICATIONS TO YOUR APPOINTMENT WITH YOUR PROVIDER.

POR FAVOR, ENVIAR LA SOLICITUD DE ENTREVISTA AL SEÑOR AGENTE DE LA COMISARIA A SUS

1. Date typed

2. Subjective Information

3. Objective Information

3. Medical Staff Signature and Date

MEDICAL STAFF

MEDICAL CONSULTATION REQUEST REPORT

ADULT SICK CALL**Running from Friday through Wednesday (weekends & holidays)**

1. Sick call will be conducted by medical staff Monday thru Friday, (except Wednesdays, weekends & holidays) on your floor from 6:00 am and 7:30 am.

2. You must have your sick call request slip completed and turned in to the medical staff member who will conduct your sick call. You must have your completed sick call form turned in to the medical staff member.

3. DO NOT turn in your sick call form on the correctional officer's desk. You must turn in your sick call form to the medical staff member when they announce that sick call/triage is being conducted on your floor.

4. DO NOT

the correctional officer's desk. **YOU** must give your medication refill request slip to the medical staff member who will conduct your sick call/triage. Medication will be distributed back to you within three working days. A working day is Monday thru Friday, except holidays. If you will be out of medication on Friday or the weekend, then be sure to turn in your request slip no later than Tuesday morning for coverage.

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CHICAGO MCC

01-31-2008
15:11:37

REG NO	NAME	FROM	TO	TIME	CATEGORY (2)	CATEGORY (3)
CALLOUTS	FOR 02-01-2008				QTR ASGN	WRK ASGN
09426-027	DESHAZER		JUMAH PRAY	1230	F01-024L	UNASSG
29394-177	DIAZ-DIAZ		JUMAH PRAY	1230	F02-010U	UNASSG
26405-198	DIAZ-TORRE		JUMAH PRAY	1230	I04-006L	ORD R/D
22473-424	GIBBS		JUMAH PRAY	1230	H01-012L	UNASSG
11065-424	GILMER		JUMAH PRAY	1230	G01-005U	UNASSG
10167-424	HART		JUMAH PRAY	1230	H03-009L	UNASSG
21836-424	HARVEY		JUMAH PRAY	1230	E02-014L	FS/PM
16775-045	HENLEY		JUMAH PRAY	1230	F01-026L	UNASSG
21873-424	HOSSEINI		JUMAH PRAY	1230	C04-014U	UNASSG
22497-424	HUNTER		JUMAH PRAY	1230	G02-001L	UNASSG
21193-424	HUSEIN		JUMAH PRAY	1230	H01-007L	UNASSG
06697-424	JACKSON		JUMAH PRAY	1230	I01-023L	FS/AM
09160-027	JAMES		JUMAH PRAY	1230	C03-021U	UNASSG
10619-424	JONES		JUMAH PRAY	1230	F02-006U	UNASSG
17593-424	JONES		JUMAH PRAY	1230	F04-008L	UNASSG
16819-424	JUMAH		JUMAH PRAY	1230	F04-011L	UNASSG
21254-424	KING		JUMAH PRAY	1230	H01-009L	ORD 23
31880-112	KING		JUMAH PRAY	1230	Z01-021LAD	UNASSG
18218-424	LIMANE		JUMAH PRAY	1230	E03-026L	UNASSG
28874-050	MAJEObAJE		JUMAH PRAY	1230	D04-007L	UNASSG
07604-424	MANSOORI		JUMAH PRAY	1230	H02-013L	UNASSG
30163-424	MARTIN		JUMAH PRAY	1230	G01-011U	UNASSG
30049-424	MORRIS		JUMAH PRAY	1230	E01-025U	UNASSG
21872-424	OB AEI		JUMAH PRAY	1230	D02-007U	UNASSG
19573-424	PAIGE		JUMAH PRAY	1230	D01-017U	UNASSG
04897-424	PEDROZA-DI		JUMAH PRAY	1230	C01-025L	UNASSG
18585-424	REXHEPI		JUMAH PRAY	1230	I03-024L	ORD LOBBY
39303-039	SALAMEH		JUMAH PRAY	1230	I03-024U	FS/AM
18774-424	SHANNON		JUMAH PRAY	1230	F03-021U	UNASSG
22344-424	SHAREEF		JUMAH PRAY	1230	C02-012U	UNASSG
08880-424	SHELBY		JUMAH PRAY	1230	G01-012L	UNASSG
02921-424	SMITH		JUMAH PRAY	1230	G01-008L	UNASSG
22546-424	SODAGAR		JUMAH PRAY	1230	H01-005U	UNASSG
21801-424	SOKOYA		JUMAH PRAY	1230	H01-016L	UNASSG
14728-424	WILLIAMS		JUMAH PRAY	1230	H04-006U	LAUNDRY
08826-027	ZAHURSKY		JUMAH PRAY	1230	Z02-011LAD	UNASSG
09447-027	FAUST		MED ADM	1200	F01-018U	UNASSG
08926-027	FULLER		MED ADM	1300	C01-017U	UNASSG
10816-424	GLOVER		MED ADM	1300	I02-004L	HVAC
21921-424	LOMAX		MED ADM	1200	F02-014U	UNASSG
17816-424	MARCELLO		MED ADM	1200	F04-010U	UNASSG
21339-424	STITMAN		MED ADM	1200	I04-004L	GEN MECH 3
10510-424	VILLA		MED ADM	1300	G04-012L	UNASSG
22050-424	DEAN		MED DENTAL	1200	G03-009U	UNASSG
09220-027	FRAZIER		MED DENTAL	1200	H01-011U	UNASSG
92151-020	GREER		MED DENTAL	1200	C01-020U	UNASSG

G0002

MORE PAGES TO FOLLOW . . .

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CHICAGO MCC

* 01-31-2008
15:11:37

REG NO	NAME	FROM	TO	TIME	CATEGORY(2)	CATEGORY(3)
CALLOUTS	FOR	02-01-2008			QTR ASGN	WRK ASGN
22553-424	HAMDAN		MED DENTAL	1200	F01-026U	UNASSG
17252-424	LATCHIN		MED DENTAL	1200	Z01-026LDS	UNASSG
04612-061	RILEY		MED DENTAL	1200	Z01-028LAD	UNASSG
14625-041	SIFUENTES		MED DENTAL	1200	H04-003U	UNASSG
33979-044	WHITFIELD		MED DENTAL	1200	H04-010U	UNASSG
19050-424	REZCO		MED PE	1000	Z02-009LAD	UNASSG
04612-061	RILEY		MED PE	1000	Z01-028LAD	UNASSG
08930-027	TAYLOR		MED PE	1000	Z02-006LAD	UNASSG
19047-424	FAIRCHILD		MEDCDCCC	1200	D04-004U	UNASSG
12409-040	RIGGS		MEDCDCCC	1300	I02-013L	FS/PM
13311-040	TOLEN		MEDCDCCC	1300	I03-020U	LAUNDRY
20189-047	BINNICK		MEDMDCCC	1200	D04-008L	UNASSG
19583-424	BUFFINGTON		MEDMDCCC	1400	C02-012L	UNASSG
22693-208	CALDERON-G		MEDMDCCC	1200	G02-008L	FS/PM
87357-008	CHRISTMON		MEDMDCCC	1400	G03-002U	FS/PM
04872-424	CRUZ		MEDMDCCC	1300	F02-011L	UNASSG
15078-424	CUSTABLE		MEDMDCCC	1300	C01-019L	UNASSG
09180-027	FREEMAN		MEDMDCCC	0900	Z02-005LAD	UNASSG
17252-424	LATCHIN		MEDMDCCC	0900	Z01-026LDS	UNASSG
73085-053	MILLAN		MEDPHARM	1200	H01-005L	UNASSG

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TRANSACTION SUCCESSFULLY COMPLETED